



Injury/Property Damage Investigation Form

Date of Incident: _____ Date of First Knowledge: _____

☐ Accident ☐ Injury ☐ Near Miss ☐ Dangerous Occurrence

Injured Individual: _____

☐ Employee ☐ Passenger ☐ Contractor/Vendor

Property Damaged: _____

☐ State Owned ☐ Passenger ☐ Other

Exact Location: _____

Vessel:

☐ Aurora ☐ Chenega ☐ Columbia ☐ Fairweather
☐ Kennicott ☐ Lituya ☐ LeConte ☐ Malaspina
☐ Matanuska ☐ Taku ☐ Tustumena

Terminal:

☐ Auke Bay ☐ Cordova ☐ Haines ☐ Homer
☐ Ketchikan ☐ Kodiak ☐ Petersburg ☐ Sitka
☐ Skagway ☐ Valdez ☐ Whittier ☐ Wrangell

☐ KCO ☐ MEF ☐ Other: _____